

SHORT CUTS

WHAT'S NEW IN THE OTHER GENERAL JOURNALS

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Africa needs millions more mosquito nets

Mosquito nets treated with insecticide help prevent malaria and reduce mortality in young children and pregnant women in sub-Saharan Africa. The World Health Organization would like to see 80% of these target groups sleeping under nets by 2010. But most countries have a long way to go. Using national and international survey data researchers estimate that 18.4 million nets are currently available in 43 of the 45 countries in sub-Saharan Africa. At least another 130 million will be needed to come anywhere near WHO's target, and the figure could be double that if nets are given to all households regardless of risk.

On average, fewer than 7% of households had an insecticide treated net in surveys conducted from 1999 to 2006. But researchers are optimistic that a dramatic increase can be achieved in some countries. International funding initiatives dedicated to malaria control are already having an effect, and net coverage seems to be increasing exponentially, they write. Scaling up operations won't be cheap. Even though the best nets cost only \$4.55 (£2.30; €3.38), procurement and delivery on the scale needed will cost around \$220m a year.

JAMA 2007;297:2241-50

Many troops in Afghanistan have inadequate malaria prophylaxis

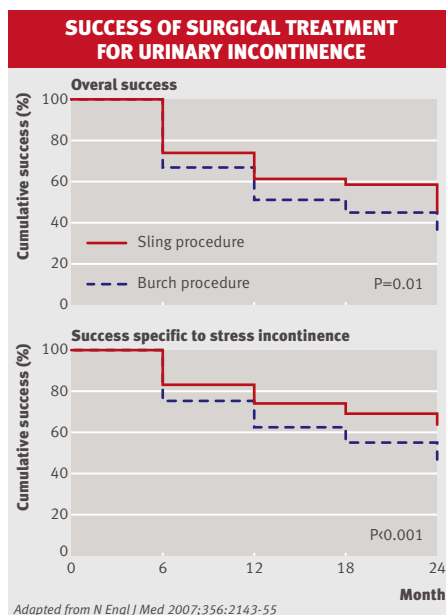
Malaria is common at certain times of the year in all low lying areas of Afghanistan. But protection measures for soldiers serving there are chaotic and often inconsistent with the available evidence, according to a survey. Representatives from 28 of the 36 nations contributing troops described 27 different combinations of drugs and other measures to prevent malaria. France and the Republic of Ireland were the only two nations with identical protocols (prophylaxis with chloroquine and proguanil). Mefloquine was the most common prophylactic agent (15 nations). Only five nations recommended evidence based prophylaxis with either atovaquone-proguanil or doxycycline. Six still recommended chloroquine, despite resistance in local *Plasmodium falciparum*.

Almost half the respondents (13) said their troops wore uniforms treated with insecticide, and 11 issued treated bed nets, which are also likely to work. But troops from four nations used only mosquito coils or electronic buzzers, which aren't. Romania offers its 750 soldiers no protection at all.

The authors say there have been 85 reports of malaria (all *P. vivax*) in British, German, and US troops in Afghanistan since 2002. Better international agreement over effective preventive measures could help prevent more cases.

JAMA 2007;297:2197-200

Surgery for stress incontinence is finally evidence based



A randomised trial of two surgical procedures for stress incontinence found that a pubovaginal sling fashioned from the rectus fascia works better than a Burch colposuspension, but it also causes more complications. Women who had a fascial sling were more likely to be cured of incontinence after two years (47% *v* 38%, $P=0.01$), but they were also more likely to develop voiding problems (14% *v* 2%, $P<0.001$). Urinary infections (305/326 *v* 203/329, $P<0.001$) and urge incontinence (27% *v* 20%, $P=0.04$) were both more common in women who had a sling procedure.

Overall success rates were lower than

expected in this trial, and fell steadily during the two years of follow-up, possibly because the authors used a strict definition of cure—no self reported incontinence, no further treatment of any kind, a negative stress test, and a negative pad test. Success rates for stress incontinence alone were higher in both groups, but again the fascial sling outperformed the Burch colposuspension (66% *v* 49%, $P<0.001$). Eighty six per cent of women who had a fascial sling and 78% of those who had a Burch procedure said they were completely or mostly satisfied with the results after two years ($P=0.02$).

Both procedures are standard options for women with severe stress incontinence, and this rare randomised comparison is an important step forward in the evaluation of both, says an editorial (pp 2198).

N Engl J Med 2007;356:2143-55, 2198-200

Aspirin protects against cancers expressing COX 2

Aspirin reduces the risk of colorectal cancer, but its effects seem confined to cancers that express the cyclo-oxygenase-2 (COX 2) enzyme, finds a large observational study. Regular use of aspirin was associated with a 36% decrease in risk of colorectal cancers expressing COX 2 (multivariate relative risk 0.64, 95% CI 0.52 to 0.78) in more than 130 000 health professionals in two long running cohorts. Protection increased with longer use (becoming significant after five years) and with higher dose. Aspirin in any dose had no impact on cancers not expressing COX 2. The study looked at 636 incident cancers, nearly two thirds of which expressed the enzyme.

These findings suggest that the anticancer effects of aspirin are mediated through COX 2 inhibition, say the authors. It's also likely that the effect is greatest in the early stages of adenoma or cancer, as participants had to take aspirin for at least five years to benefit.

In the long run, the value of aspirin as a prophylactic against cancer will probably be limited by its well known and sometimes serious side effects. Hopefully, further investigation of the complex COX 2 pathways will reveal a more specific, more effective, and less troublesome agent, says an editorial (pp 2195-8).

N Engl J Med 2007;356:2131-42, 2195-8